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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10613 (0)

1. Corporation Name

HONEY LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
961 SW 133RD TERR DAVIE FL 33325-625 US	961 SW 133RD TERR DAVIE FL 33325-1625 US

3. Date Incorporated or Qualified: 08/08/1985
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0116328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EASTON/GARTH FRED NORTH
961 SW 134TH AVE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: FRED NORTH
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 1-Mar 97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PACELLA, NICK		1.2 NAME		
STREET ADDRESS	9361 SW 133RD TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POULIN, SUSAN		2.2 NAME		
STREET ADDRESS	13321 SW 9TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	AMEZQUITA, RICK		3.2 NAME	ROBERT POWELL	
STREET ADDRESS	13431 SW 9TH PLACE		3.3 STREET ADDRESS	13511 SW 9TH PLACE	
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TELLEZ, ROSEANN		4.2 NAME		
STREET ADDRESS	1030 SW 133RD TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	COHEN, STEVE		5.2 NAME	DICK CARUSO	
STREET ADDRESS	13410 S.W. 10TH PLACE		5.3 STREET ADDRESS	13501 SW 9TH PLACE	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, JOE		6.2 NAME		
STREET ADDRESS	13400 SW 10TH PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 19 Feb 97 9547240250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #